Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------|------------------------------------------|--------------------------|-----|--|
| PATENT APPLICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                     |                                            | First               | First Inventor David Hu                                                                      |                                                                                                 | Hung                                                           |                             | 10                                       |                          |     |  |
| TRANSMITTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                     |                                            |                     | Method For Differentiating Breast Ducts For Cancer Risk S                                    |                                                                                                 |                                                                | ucts For Cancer Risk Status |                                          |                          |     |  |
| THE STATE OF THE S |                                                                                                                                                                                                                                                                                     |                                            | Title               | Title                                                                                        |                                                                                                 |                                                                |                             | 28                                       |                          |     |  |
| (Only for new nonprovisional applications under 37 C.F.R. 1.53(b))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                     |                                            |                     | Express Mail Label No.                                                                       |                                                                                                 |                                                                |                             |                                          |                          |     |  |
| APPLICATION ELEMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                     |                                            |                     | ASSISTANT Commissioner for Patents  ADDRESS TO: Box Patent Application  Washington, DC 20231 |                                                                                                 |                                                                |                             |                                          |                          |     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | EP chapter 600 concerning utility patent application contents.                                                                                                                                                                                                                      |                                            |                     |                                                                                              |                                                                                                 | Washington, DC 20231                                           |                             |                                          |                          |     |  |
| ] _ (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)                                                                                                                                                                                      |                                            |                     |                                                                                              | <ol> <li>CD-ROM or CD-R in duplicate, large table or<br/>Computer Program (Appendix)</li> </ol> |                                                                |                             |                                          |                          |     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Applicant claims small entity status. See 37 CFR 1.27.                                                                                                                                                                                                                              |                                            |                     |                                                                                              | Nucleotide and/or Amino Acid Sequence Submission     (if applicable, all necessary)             |                                                                |                             |                                          |                          |     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Specification [Total Pages 18 ]                                                                                                                                                                                                                                                     |                                            |                     |                                                                                              | a. Computer Readable Form (CRF)                                                                 |                                                                |                             |                                          |                          |     |  |
| (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (preferred arrangement set forth below) - Descriptive title of the Invention                                                                                                                                                                                                        |                                            |                     |                                                                                              | b. Specification Sequence Listing on:                                                           |                                                                |                             |                                          |                          |     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Cross Reference<br>Statement Regard                                                                                                                                                                                                                                                 |                                            |                     |                                                                                              | i. ☐ CD-ROM or CD-R (2 copies); or<br>ii. ☐ paper                                               |                                                                |                             |                                          |                          |     |  |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Reference to sequ                                                                                                                                                                                                                                                                   | uence listing, a tal                       | ble,                |                                                                                              | -                                                                                               | c                                                              |                             |                                          | tity of above copies     |     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | or a computer pro<br>Background of the                                                                                                                                                                                                                                              |                                            | ndix                |                                                                                              | L                                                                                               |                                                                | ACCO                        | MPANYING APP                             | LICATIONS PARTS          |     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Brief Summary of<br>Brief Description                                                                                                                                                                                                                                               |                                            | if filed)           |                                                                                              |                                                                                                 | 9. 🔲                                                           | _                           |                                          | er sheet & document(s))  | į   |  |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Detailed Descripti                                                                                                                                                                                                                                                                  |                                            | n m <del>o</del> u) |                                                                                              |                                                                                                 | 10. 🔲                                                          |                             | .R.§3.73(b) Stater<br>there is an assign |                          | - 1 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · Claim(s)<br>· Abstract of the Di                                                                                                                                                                                                                                                  | sclosure                                   |                     |                                                                                              |                                                                                                 | 11. 🔲                                                          | -                           | _                                        | ument (if applicable)    |     |  |
| , <u>, , , , , , , , , , , , , , , , , , </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Orawing(s) (35 U                                                                                                                                                                                                                                                                    | .S.C.113) [                                | Total Sheets        | 3                                                                                            | 1                                                                                               | 12. 🛛                                                          |                             | nation Disclosure Copies of IDS          |                          |     |  |
| a. 🛚                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Formal; or                                                                                                                                                                                                                                                                          |                                            |                     |                                                                                              |                                                                                                 | Statement (IDS)/PTO-1449 Citations  13.  Preliminary Amendment |                             |                                          |                          |     |  |
| b. 📙<br>5 Oath or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Informal<br>Declaration                                                                                                                                                                                                                                                             | רז                                         | otal Pages          |                                                                                              |                                                                                                 | 14 Deturn Reseint Bostoard (MBED 502)                          |                             |                                          |                          |     |  |
| a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                     | ر ب<br>ed (original or co                  | _                   | لـــــا                                                                                      | (Should be specifically itemized)                                                               |                                                                |                             |                                          |                          |     |  |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Copy from a p                                                                                                                                                                                                                                                                       |                                            |                     | i3 (d))                                                                                      | 15. Certified Copy of Priority Document(s)  (if foreign priority is claimed)                    |                                                                |                             |                                          |                          |     |  |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                     | tion/divisional w                          | •                   |                                                                                              |                                                                                                 |                                                                |                             |                                          |                          |     |  |
| i, [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DELETION                                                                                                                                                                                                                                                                            |                                            |                     |                                                                                              | (b)(2)(B)(i). Applicant must attach form PTO/SB/35                                              |                                                                |                             |                                          |                          |     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                     | nt attached deletir<br>ior application, se |                     |                                                                                              |                                                                                                 | or its equivalent.  17. ☐ Other:                               |                             |                                          |                          |     |  |
| 1.63(d)(2) and 1.33(b).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                     |                                            |                     | 1                                                                                            |                                                                                                 |                                                                |                             |                                          |                          |     |  |
| 6. Application Data Sheet. See 37 CFR 1.76                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                     |                                            |                     |                                                                                              |                                                                                                 |                                                                |                             |                                          |                          |     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                     |                                            |                     | ox, and sup                                                                                  | ply th                                                                                          | ne requisi                                                     | te inform                   | ation below and in                       | a preliminary amendment, | į   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | or in an Application Data Sheet under 37 CFR 1.76:  ☑ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: 09 /852,145                                                                                                                                   |                                            |                     |                                                                                              |                                                                                                 |                                                                |                             |                                          | }                        |     |  |
| ☑ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: <u>09</u> /852,145  Prior application information: Examiner C. A. Marmor II Group / Art Unit: <u>3736</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                     |                                            |                     |                                                                                              |                                                                                                 |                                                                | - 1                         |                                          |                          |     |  |
| For CONTIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. |                                            |                     |                                                                                              |                                                                                                 |                                                                | id ]                        |                                          |                          |     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                     |                                            |                     |                                                                                              |                                                                                                 |                                                                |                             | om the submitted a                       |                          | e   |  |
| 17. CORRESPONDENCE ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                     |                                            |                     |                                                                                              |                                                                                                 |                                                                |                             |                                          |                          |     |  |
| ☑ Customer Number or Bar Code Label                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                     |                                            | 2                   | or ☐ Correspondence address below                                                            |                                                                                                 |                                                                |                             |                                          | ,                        |     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                     |                                            | omer No. or         | or Attach bar code label here)                                                               |                                                                                                 |                                                                |                             |                                          |                          |     |  |
| A1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                     |                                            |                     |                                                                                              |                                                                                                 |                                                                |                             |                                          |                          |     |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                     |                                            |                     |                                                                                              |                                                                                                 |                                                                |                             |                                          |                          |     |  |
| <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <del> </del>                                                                                                                                                                                                                                                                        |                                            | <del></del>         |                                                                                              |                                                                                                 |                                                                |                             |                                          |                          |     |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                     |                                            |                     |                                                                                              |                                                                                                 |                                                                |                             |                                          |                          |     |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State                                                                                                                                                                                                                                                                               |                                            |                     | Τ-                                                                                           | <del></del>                                                                                     |                                                                | Zip Code                    | <del></del>                              |                          |     |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                     |                                            |                     | +                                                                                            |                                                                                                 |                                                                | Fax                         |                                          | -                        |     |  |
| <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                     |                                            |                     |                                                                                              |                                                                                                 |                                                                | =∹                          |                                          |                          |     |  |
| Name (Pi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Name (Print/Type) Brian E. Hanlon                                                                                                                                                                                                                                                   |                                            | on                  |                                                                                              |                                                                                                 |                                                                |                             | ttomey/Agent)                            | 40,449                   |     |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                     | 1.                                         | 7                   | 5                                                                                            | 2                                                                                               | and                                                            | m                           | Date                                     | 8/19/03                  |     |  |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.



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## **FEE TRANSMITTAL** for FY 2003

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

822

TOTAL AMOUNT OF PAYMENT

| Complete if Known    |                 |  |  |  |  |
|----------------------|-----------------|--|--|--|--|
| Application Number   | TBA             |  |  |  |  |
| Filing Date          | August 19, 2003 |  |  |  |  |
| First Named Inventor | David Hung      |  |  |  |  |
| Examiner Name        | ТВА             |  |  |  |  |
| Art Unit             | TBA             |  |  |  |  |
| Attorney Docket No.  | 005284.00214    |  |  |  |  |

| METHOD OF PAYMENT (check all                                                                                                                                          |                            | FEE CALCULATION (continued) |             |             |                                                            |                                                                   |             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------|-------------|-------------|------------------------------------------------------------|-------------------------------------------------------------------|-------------|
| ☐ Check ☐ Credit card ☐ Money ☐ Ot                                                                                                                                    | 3. AI                      | DITIONA                     | L FEES      |             |                                                            |                                                                   |             |
| Order  Deposit Account:                                                                                                                                               |                            | <u>Entity</u>               | Small       | Entity      |                                                            |                                                                   |             |
| Deposit                                                                                                                                                               | Fee<br>Code                | Fee<br>(\$)                 | Fee<br>Code | Fee<br>(\$) | Fee Description                                            | Fee Paid                                                          |             |
| Account 19-0733                                                                                                                                                       |                            | 1051                        | 130         | 2051        | 65                                                         | Surcharge - late filing fee or oath                               |             |
| Number                                                                                                                                                                | 1052                       | 50                          | 2052        | 25          | Surcharge - late provisional filing fee<br>or cover sheet. |                                                                   |             |
| Deposit                                                                                                                                                               |                            | 1053                        | 130         | 1053        | 130                                                        | Non-English specification                                         |             |
| Account Banner & Wilcoff, Ltd. Name                                                                                                                                   | 1812                       | 2,520                       | 1812        | 2,520       | For filing a request for exparte reel amination            |                                                                   |             |
| The Commissioner is authorized to: (check all                                                                                                                         | 1804                       | 920*                        | 1804        | 920*        | Requesting publication of SIR prior to<br>Examiner action  |                                                                   |             |
| <ul> <li>☐ Charge fee(s) indicated below</li> <li>☐ Charge any additional fee(s) during the pende</li> <li>☐ Charge fee(s) indicated below, except for the</li> </ul> | 1805                       | 1,840*                      | 1805        | 1,840*      |                                                            |                                                                   |             |
| to the above-identified deposit account.                                                                                                                              | a ming ico                 | 1251                        | 110         | 2251        | 55                                                         | Extension for reply within first month                            | <b>├</b> ─┤ |
| FEE CALCULATION                                                                                                                                                       |                            | 1252                        | 410         | 2252        | 205                                                        | Extension for reply within second month                           |             |
| BASIC FILING FEE                                                                                                                                                      |                            | 1253                        | 930         | 2253        | 465                                                        | Extension for reply within third month                            | $\vdash$    |
| Large Entity Small Entity                                                                                                                                             |                            | 1254                        | 1,450       | 2254        | 725                                                        | Extension for reply within fourth                                 |             |
| Fee Fee Fee Fee Description                                                                                                                                           | <u>n</u><br>Fee Paid       | ]                           | .,          | ]           |                                                            | month                                                             |             |
| Code (\$) Code (\$) 1001 750 2001 375 Utility filing fee                                                                                                              | 750                        | 1255                        | 1,970       | 2255        | 985                                                        | Extension for reply within fifth month                            |             |
| ,                                                                                                                                                                     | <del></del>                | 1401                        | 320         | 2401        | 160                                                        | Notice of Appeal                                                  |             |
| 1002 330 2002 165 Design filing fee<br>1003 520 2003 260 Plant filing fee                                                                                             | '                          | 1402                        | 320         | 2402        | 160                                                        | Filing a brief in support of an appeal                            |             |
| ,                                                                                                                                                                     | <u> </u>                   | 1403                        | 280         | 2403        | 140                                                        | Request for oral hearing                                          |             |
| 1004   750   2004   375   Reissue filing fe<br>  1005   160   2005   80   Provisional filling                                                                         | <del></del>                | 1451                        | 1,510       | 1451        | 1,510                                                      | Petition to institute a public use proceeding                     |             |
| SUPTOTAL (4)                                                                                                                                                          | (A) 750                    | 1452                        | 110         | 2452        | 55                                                         | Petition to revive – unavoidable                                  |             |
| SUBTOTAL (1)                                                                                                                                                          | (\$) 750                   | 1453                        | 1,300       | 2453        | 650                                                        | Petition to revive - unintentional                                |             |
| 2. EXTRA CLAIM FEES                                                                                                                                                   |                            | 1501                        | 1,300       | 2501        | 650                                                        | Utility issue fee (or reissue)                                    |             |
|                                                                                                                                                                       | ee from Fee                | 1502                        | 470         | 2502        | 235                                                        | Design issue fee                                                  |             |
|                                                                                                                                                                       | pelow Paid<br>18 = 72      | 1503                        | 630         | 2503        | 315                                                        | Plant issue fee                                                   |             |
|                                                                                                                                                                       |                            | 1460                        | 130         | 1460        | 130                                                        | Petitions to the Commissioner                                     |             |
| Independent 3 -3 ** = 0 X                                                                                                                                             | 84 = 0                     | 1807                        | 50          | 1807        | 50                                                         | Processing fee under 37 CFR 1.17 (q                               | ) [ ]       |
| Multiple X                                                                                                                                                            | 280 = 0                    | 1806                        | 180         | 1806        | 180                                                        | Submission of Information Disclosure<br>Stmt                      |             |
| Dependent ^ Large Entity Small Entity                                                                                                                                 |                            | 8021                        | 40          | 8021        | 40                                                         | Recording each patent assignment<br>per property (times number of |             |
| Fee Fee Fee Fee Code (\$) Code (\$)                                                                                                                                   | ption                      | 1809                        | 750         | 2809        | 375                                                        | properties) Filing a submission after final rejection             | ,           |
| 1202 18 2202 9 Claims in e                                                                                                                                            | xcess of 20                |                             |             |             |                                                            | (37 CFR § 1.129(a))                                               |             |
| ,                                                                                                                                                                     | nt claims in excess of 3   | 1810                        | 750         | 2810        | 375                                                        | For each additional invention to be                               |             |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                 | pendent claim, if not paid | l                           |             | ļ           |                                                            | examined (37 CFR § 1.129(b))                                      |             |
| 1                                                                                                                                                                     | independent claims over    | 1801                        | 750         | 2801        | 375                                                        | Request for Continued Examination (RCE                            | ,           |
| , ,                                                                                                                                                                   | claims in excess of 20 an  | d 1802                      | 900         | 1802        | 900                                                        | Request for expedited examination<br>of a design application      |             |
| SUBTOTAL (2)                                                                                                                                                          | Other                      | Other fee (specify)         |             |             |                                                            |                                                                   |             |
| **or number previously paid, if greater; For Reis                                                                                                                     | *Red                       | luced by B                  | asic Filir  | ng Fee F    | Paid SUBTOTAL (3) (\$) 0                                   |                                                                   |             |

| SUBMITTED BY      |                 |                                  |        | Con       | nplete (if applicable) |
|-------------------|-----------------|----------------------------------|--------|-----------|------------------------|
| Name (Print/Type) | Brian E. Hanlon | Registration No. Attorney/Agent) | 40,449 | Telephone | 202-824-3000           |
| Signature         | Bua             | n E Hanlor                       |        | Date      | 8/19/03                |

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231